MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07000

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Tompkinsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tompkinsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JANIS (Middle) (Last) ANGLIS.

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 28 1877
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) LAVIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peters Anglis
14. MOTHER'S MAIDEN NAME Eia Rencergs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Karlis Anglis, Tompkinsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Coronary occlussion.	30 min.
420.1	Antecedent cause(s)	(b) Coronary artery disease	3 months +
94a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senile, arteriosclerotic, congestive failure.	1 month +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1951, to 21 July, 1951, that I last saw the deceased alive on 21 July, 1951, and that death occurred at 9:45 A.M. EST. m., from the causes and on the date stated above.

SIGNATURE A O Woodd (Degree or title) MD ADDRESS La Plata, Md. DATE SIGNED 21 July 51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/24/51
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) (State) Wayside

DATE REC'D BY LOCAL REG. 7/23/51
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryon Waldoy Md. ADDRESS

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07001

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Benedict

2. USUAL RESIDENCE (HOME) OF DECEASED STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington DC
STREET ADDRESS (If rural, give location): 3304 - Penna. Ave. S.E.

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) M (Last) Behm
4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 4-21-1902
9. AGE last birthday: 49 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Private Office
11. BIRTHPLACE (State or foreign country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? MBA

13. FATHER'S NAME: Behm
14. MOTHER'S MAIDEN NAME: Dora Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 578-08-7738
17. INFORMANT AND ADDRESS: Alice Buckanan, Holmes, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — 7-15-51

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Ac
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): River — (CITY OR TOWN): Patuxent River — (COUNTY): Chas — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Benedict

22. I hereby certify that I attended the deceased from Medical examiner's case, 19 ..., to ..., 19 ..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE: R. J. Edelen (Degree or title) M.D. — ADDRESS: La Plata Md — DATE SIGNED: 7-18-51

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF: 7-20-51 — NAME OF CEMETERY OR CREMATORY: Mt Moriah — LOCATION (City, town, or county) (State): Philadelphia P.A.

DATE REC'D BY LOCAL REG.: 7/18/51 — REGISTRAR'S SIGNATURE: Julia H. Posey — 24. FUNERAL DIRECTOR: Hewitt & Lyon — ADDRESS: Waldorf Md

512 VW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
23 1951
BUREAU V. S.

07002

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ODEN (Middle) (illegible) (Last) BOWLING

4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 51

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH 2-2-84 — 9. AGE last birthday 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer — 10b. KIND OF BUSINESS OR INDUSTRY Farming — 11. BIRTHPLACE (State or foreign country) Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wilkinson — 14. MOTHER'S MAIDEN NAME Sarah A. Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service — 16. SOCIAL SECURITY NO. NV — 17. INFORMANT AND ADDRESS Richard J Bowling Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 7-15-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) — (c)

4/20.1
940

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) C. H. Adelon M.D. — ADDRESS La Plata Md. — DATE SIGNED 1-15-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 1/17/51 — NAME OF CEMETERY OR CREMATORY Price — LOCATION (City, town, or county) Rural La Plata — (State) Md

DATE REC'D BY LOCAL REG. 1-16 — REGISTRAR'S SIGNATURE M. L. Monroe — 24. FUNERAL DIRECTOR Hunt & Lyon — ADDRESS Waldorf

970 M

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07003

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newport
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sharon (Middle) Gayle (Last) Bowling

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 9, 1951

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 15 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): La Plata, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Wade Bowling, Jr.

14. MOTHER'S MAIDEN NAME: Winifred Anona Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Walter W. Bowling, Jr. Newport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 Immediate cause (a) HEMORRHAGE, INTERVENTRICULAR, BILATERAL; HEMORRHAGE, BASE OF BRAIN; EDEMA OF BRAIN WITH XANTHOCHROMIC FLUID — Interval Between Onset and Death: 48 hours (PRE-PARTUM)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

160a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1951, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 5:00 A (est) m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John N. Griffin, M.D. Hughesville, Md. 7/11/51

23. BURIAL CREMATION REMOVAL (Specify): Burial

DATE: 7-11-51

NAME OF CEMETERY OR CREMATORY: Dentsville

LOCATION (City, town, or county) (State): Dentsville, Md.

DATE REC'D BY LOCAL REG. 7/11/51

REGISTRAR'S SIGNATURE: Julia A. Posey

24. FUNERAL DIRECTOR ADDRESS: Hunt & Ryon, Waldorf, Md

20709123273

RECEIVED
JUL 13 1931
BUREAU M. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07004

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle)	(Last) Chase	4. DATE OF DEATH (Month) July (Day) 26, (Year) 1951 19
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Mar. 12, 1873	9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) Charles County, Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Chase		14. MOTHER'S MAIDEN NAME Eliza J. Farrell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Jeanette Chase, White Plains, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	10 min
420.1 Antecedent cause(s)	(b) Senile. Arteriosclerosis.	years
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardiac failure.	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to July 26, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 2:00 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Woodley	MD	La Plata	27 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7-28-51	NAME OF CEMETERY OR CREMATORY St. Josephs	LOCATION (City, town, or county) (State) Pomfret, Md.
DATE REC'D BY LOCAL REG. 7-28-51	REGISTRAR'S SIGNATURE Julia H. Posey	24. FUNERAL DIRECTOR Huntt & Rym, Waldorf, Md.	ADDRESS

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY: Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): La Plata. LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland. COUNTY: Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): La Plata.
STREET ADDRESS (If rural, give location): Oak

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) S. (Last) Hopper
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 22 1865
9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Charles Co. Md.
12. CITIZEN OF WHAT COUNTRY? WSA
13. FATHER'S NAME: Benjamin G. Stonestreet
14. MOTHER'S MAIDEN NAME: Mary Ellen Sellman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. H. P. Phelps, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlussion	20 min
420.1 Antecedent cause(s)	(b) Senile arterio-sclerosis	5 years
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	1 month.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1951, to July, 1951, that I last saw the deceased alive on 4 July, 1951, and that death occurred at 9:48 EST A.m., from the causes and on the date stated above.

SIGNATURE: A. Woodly (Degree or title): M.D. ADDRESS: La Plata, Md. DATE SIGNED: 4 July 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 7/6/51 NAME OF CEMETERY OR CREMATORY: Mt. Rest LOCATION (City, town, or county) (State): La Plata Md
DATE REC'D BY LOCAL REG.: 7/5/51 REGISTRAR'S SIGNATURE: Julia H. Pasey
24. FUNERAL DIRECTOR: Hunt & Ryan, ADDRESS: Waldorf Md

RECEIVED
JUL 6 1951
BUREAU V. S.

07006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) King
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 13-1868
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Tenant
11. BIRTHPLACE (State or foreign country) Waldorf Charles W
12. CITIZEN OF WHAT COUNTRY? N.S.A

13. FATHER'S NAME John R King
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS Bessie Pickerel Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C.V.R. Dis. c Hypertension

1.1a (c) Senility

INTERVAL BETWEEN ONSET AND DEATH Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun, 1937, to July 15, 1951, that I last saw the deceased alive on 7/12, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE Geo. Weber (Degree or title) M.D. ADDRESS Waldorf, Md. DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 7/16/51
NAME OF CEMETERY OR CREMATORY Orland
LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 7-14-51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

RECEIVED
JUL 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Charles Co Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Last) Pach
4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1941
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-23-41
9. AGE last birthday — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME Thomas Jackson Pach
14. MOTHER'S MAIDEN NAME Ella M. Dewitch.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - 6 Mos

776 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 154 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1941, to 7-23, 1941, that I last saw the deceased alive on 7-23, 1941, and that death occurred at 6 35P m., from the causes and on the date stated above.
SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED 7-23-41

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 7-23-41 — NAME OF CEMETERY OR CREMATORY Bumpy Oak — LOCATION (City, town, or county) (State) Pomonkey Md
DATE REC'D BY LOCAL REG. 7-23-41 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG - 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

(7304)

(M) The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN En-route to La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Risko

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 25-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Ret'd

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? Foreign

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Julia Gerhold - 521-Roybord Pl. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion. — Interval between onset and death: 10 min

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary artery disease — 3 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1) Adenocarcinoma of large bowel 2) diabetic.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 July, 1950, to 30 July, 1951, that I last saw the deceased alive on 30 July, 1951, and that death occurred at 10:35 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Woodly. MD — La Plata. — 30 July 51.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial 1-6-1 | Magnuny Bobbet | Magnuny MD

DATE REC'D BY LOCAL REG. 7/31/51 | REGISTRAR'S SIGNATURE: Julia H. Talley | 24. FUNERAL DIRECTOR ADDRESS: Hamill & Ryan

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07009

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH
County: Charles
City or town: Ironsides
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles.
City or town: Ironsides.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Ruth Ann Ward

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C	S.

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): October 5 1945

8. AGE: Years 5 | Months 9 | Days | If less than one day: hrs. min.

9. Birthplace: Indian Head Md.
(Town, county, and state)

10. Usual occupation: At home

11. Industry or business

MOTHER FATHER

12. Name: Rob R. Ward.
13. Birthplace: Ironsides Md
14. Maiden name: Mary Frances Bonner.
15. Birthplace: Charles Co. Md.

16. Informant: Rob. Ward
Address: Ironsides Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 27 1951 (month) (day) (year)

Cemetery or crematory: St. Charles.
Location: Glymont, Md.

18. Funeral director: Penny & Cooper
Address: Pisgah, Md

19. Aug 1 1951 (Date rec'd by registrar) Mary Smith Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1951, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death: Baby had been in Freedmans Hospital.
Due to: came home and
died. No Physician
Due to: in attendance
Other conditions: Coeliac Disease.
795.5
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Geo. C. Dickinell M.D.
M. D. or other
Address: Marbury, Md. Date signed: July 27 1951

VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07010

Reg. Dist. No. 10L

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Alice Burnetta Willett

3.(b) Social Security Number

4. Sex: Female
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Walter Mitchell Willett
6.(c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): March 19, 1895
8. AGE: Years: 56 Months: 4 Days: — If less than one day: hrs. min.
9. Birthplace: Accokeek Prince George Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER FATHER
12. Name: Geo. W. Coomes
13. Birthplace: Prince George Co. Md.
14. Maiden name: Catherine Dixon
15. Birthplace: Prince George Co. Md.

16. Informant: Catherine Jenkins
Address: Indian Head, Md.
17. (Burial), cremation, or removal. Which?: Burial Date thereof: 7/13/51 (month) (day) (year)
Cemetery or crematory: St. Charles
Location: Glymont, Md.
18. Funeral director: Hutton & Ryon
Address: Waldorf Md.
19. 7/12/51 (Date rec'd by registrar) Oley Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 1951 at 1145 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925, to July 11 1951
and that I last saw her alive on July 10 1951.

Immediate cause of death	DURATION
Carcinoma Rectum	
Due to	
Due to	
Other conditions	

154X 4.1
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George E. Bidwell M.D. M. D. or other
Address: Marbury, Md. Date signed: July 12 51

VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07011

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lat Plata
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phys. Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Charles Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) M (Last) Willett

4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 2-13-84
9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): White Plains Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jetson Willett
14. MOTHER'S MAIDEN NAME: Frances Willett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Bessie Willett, Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH: 7-12-51

260X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes — ~~Unknown~~ ~~7-10-40~~

61 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 1951, to 7-16, 1951, that I last saw the deceased alive on 7-14, 1951, and that death occurred at 12 15 A.m., from the causes and on the date stated above.

SIGNATURE: E. J. Edelen (Degree or title) (M.) ADDRESS: Lat Plata Md DATE SIGNED: 7-16-51

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE: 7/18/51
NAME OF CEMETERY OR CREMATORY: Oakland
LOCATION (City, town, or county) (State): Waldorf Md

DATE REC'D BY LOCAL REG.: 7/17/51
REGISTRAR'S SIGNATURE: Julia H. Pasey
24. FUNERAL DIRECTOR: Simmons Bros. ADDRESS: 2007 - Nichols Ave SE Washington D.C.

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07012

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Cornelius (Last) Woodland
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19[illegible]

5. SEX: M.
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 31, 1907
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): La Plata Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Woodland
14. MOTHER'S MAIDEN NAME: Virginia Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 212-1436
17. INFORMANT AND ADDRESS: Raine Woodland, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed chest — 0-30-5 min

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 7-1-51

(c) Auto accident

825.5
170 C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: St 301 — (CITY OR TOWN): Newburg — (COUNTY): Chas — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 6 30 51 7 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: E. R. Dehaven (Degree or title): M.D. — ADDRESS: La Plata Md. — DATE SIGNED: 7-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/4/51 — NAME OF CEMETERY OR CREMATORY: St. Joseph's — LOCATION (City, town, or county) (State): Camp Cts, Md.

DATE REC'D BY LOCAL REG.: 7/2/51 — REGISTRAR'S SIGNATURE: John H. Casey — 24. FUNERAL DIRECTOR: Penny & Cofer — ADDRESS: Mason Springs, Md.

VS-A15A

RECEIVED
JUL 5 1951
BUREAU